

State of Connecticut
Department of Children and Families

EXTRAORDINARY EXPENSES
FOR THE CARE OF A CHILD WITH COMPLEX MEDICAL NEEDS

Child's Name	Link Number
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Item, adaptation, services and/or equipment required (as indicated in the Discharge Plan for a Child with Complex Medical Needs (DCF-2102): _____

Attempts to secure other sources of funding (Explain): _____

Expenses (Indicate name of company or service provider, contact person, date of contact, quoted price, estimated time frame for delivery or completion of required work.)

Company/Service Provider	Contact Person	Date of Contact	Price	Time Frame

Social Worker	Date
Social Work Supervisor	Date
Program Supervisor	Date